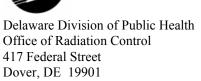
## DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH APPLICATION FOR REGISTRATION OF A RADIATION SERVICE COMPANY OR PERSON [B.6\*]

(Continuation of requested information may be provided on plain paper, as needed)



For Agency Use Only DO NOT WRITE IN THREE SPACES BELOW

Office of Radiation Cor 417 Federal Street	ntrol		Registratio	on No
Dover, DE 19901 (302) 744-4546			_	Date
				Date
	PLEASE READ INST	TRUCTIONS PRI	OR TO COMF	PLETING
1. COMPANY	Current/Fo	rmer Delaware F	Registration No	)
Name:				
City/Town:State:		Zip:	Phone Nu	ımber:
a. COMPANY OW	NER/MANAGER:			
Name:			EIN or So	ocial No
Street:				
City/Town:	State:	Zip:	Phone Nu	umber:
b. Name of RSO or	Regulatory Affairs C	Officer		
( )(a) Insta ( )(b) Calib ( )(c) Radia ( )(d) Perso ( )(e) Radia	llation and/or servicing	g of radiation ma chines or radiation lth physics consumes ERP Report #49	ichines and ass on measuremen ultations or sur	(Check appropriate item(s)) ociated machine components; nt instruments or devices; veys * Attach resume
3. CERTIFICA	ATIONS HELD:			
,	TITLE	ID	#	NAME OF HOLDER
	TITLE	ID	#	NAME OF HOLDER
	TITLE	ID	#	NAME OF HOLDER

4.	TRAINING OF APPLICANT:  a. FORMAL EDUCATION BACKGROUND:							
	Academic Degree	School	Major	Y <u>ear</u>				
	b. SPECIFIC TRAINING IN THE AREA OF REGISTRATION APPLIED FOR:							
	Course Title	Location	<u>Dates</u> <u>N</u>	Vature of Training				
5.	EXPERIENCE OF A	EXPERIENCE OF APPLICANT:						
	A. LIST RELEVANT EMPLOYMENT HISTORY:							
	Organization	<u>Position</u>	<u>Dates</u>	% of Time				
6.	I certify that I hav Regulations.	e read and understan	nd Parts A & B of the Dela	aware Radiation Control				
	ATURE OF ICANT:			DATE:				
TYPE PRINT	-							
COM	MENTS: (Agency Use)							

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM (ORC - R3) FOR REGISTRATION OF A RADIATION SERVICE COMPANY (PERSON)

ITEM	INSTRUCTIONS AND DEFINITION	S

1. **COMPANY NAME** Enter complete company name, (or sole

proprietorship) telephone number and

mailing address.

COMPANY OWNER/MANAGER The owner/manager is the applicant. Enter 1a. (APPLICANT)

your complete name, EIN or Social Security

No.mailing address, and

business (B) or home(H) telephone number.

AREA FOR WHICH REGISTRATION 2. IS BEING APPLIED

Check the appropriate item(s) a-f. For Area C, attach resume for Principal Consultant of firm.

**CERTIFICATIONS HELD** 3.

Enter the title, ID number of relevant certification(s) and name of holder. If held by an employee note by "E"; by owner/manager by "C".

TRAINING OF APPLICANT 4. **OR EMPLOYEE** 

Enter the required information regarding the formal education background of the owner/manager, note by "C". If held by an employee, note by "E".

List training related to the area of which registration is applied. Under "Nature of Training", indicate "on-the-job", "formal".

Do not list more than three (3) employees. Where work is performed by more than three(3) employees, briefly describe company minimum for radiation equipment and safety training held by employees.

5. EXPERIENCE OF APPLICANT (Do not list more than three (3) employees, see 4., above)

Enter relevant employment history. Under "% of time", show the actual percentage of the work week that was spent on relevant tasks.

SIGNATURE OF APPLICANT 6.

A general knowledge and understanding of Parts A & B of the enclosed Delaware Radiation Control Regulations (DRCR), under which all Radiation Service Companies must operate in Delaware, is the responsibility of the owner/manager. The application form must be signed by the owner/manager. The registration is not valid until a "Notice of Registration" has been issued. A copy will be sent to you.

ORC-R3A (6/95) THIS FORM MAY BE PHOTOCOPIED; APPLICANTS MAY RETAIN A

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM (ORC - R3) FOR REGISTRATION OF A RADIATION SERVICE COMPANY (PERSON)

**ITEM** 

**INSTRUCTIONS AND DEFINITIONS** 

	11 DIVI	INSTRUCTIONS AND DEFINITIONS
1.	COMPANY NAME	Enter complete company name, (or sole proprietorship) telephone number and mailing address.
1a.	COMPANY OWNER/MANAGER (APPLICANT)	The owner/manager is the applicant. Enter your complete name, mailing address, and business (B) or home(H) telephone number.
2.	AREA FOR WHICH REGISTRATION IS BEING APPLIED	Check the appropriate item(s) a-f.
3.	CERTIFICATIONS HELD	Enter the title, ID number of relevant certification(s) and name of holder. If held by an employee note by "E"; by owner/manager by "C".
4.	TRAINING OF APPLICANT OR EMPLOYEE	Enter the required information regarding the formal education background of the owner/manager, note by "C". If held by an employee, note by "E".
		List training related to the area of which registration is applied. Under "Nature of Training", indicate "on-the-job", "formal".
		Do not list more than three (3) employees. Where work is performed by more than three(3) employees, briefly describe company minimum for radiation equipment and safety training held by employees.
5.	EXPERIENCE OF APPLICANT (Do not list more than three (3) employees, see 4., above)	Enter relevant employment history. Under "% of time", show the actual percentage of the work week that was spent on relevant tasks.
5b.	DELAWARE CUSTOMERS	List three (3) facilities you plan to service in Delaware.
6.	SIGNATURE OF APPLICANT	A general knowledge and understanding of Parts A & B of the enclosed Delaware Radiation Control Regulations (DRCR), under which all Radiation Service Companies must operate in Delaware, is the responsibility of the owner/manager. The application form must be signed by the owner/manager. The registration is not valid until a "Notice of Registration" has been issued. A copy will be

sent to you.